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13146 U.S. PTO

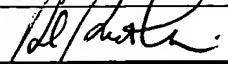
PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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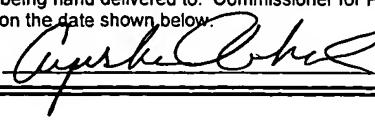
Please type a plus sign (+) inside this box →

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 325772035700 First Inventor Tetsuya SAKAI Title IMAGE FORMING APPARATUS Express Mail Label No.																			
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Box Patent Application Commissioner for Patents 2011 South Clark Place Room 1B03, Crystal Plaza 2 Arlington, Virginia, 22202																			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claims(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 5. Oath or Declaration [Total Pages 4] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 																			
ACCOMPANYING APPLICATIONS PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9.</td> <td><input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document (<i>if applicable</i>)</td> </tr> <tr> <td>12.</td> <td><input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13.</td> <td><input type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td>14.</td> <td><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td> </tr> <tr> <td>16.</td> <td><input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></td> </tr> <tr> <td>17.</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>				9.	<input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	11.	<input type="checkbox"/> English Translation Document (<i>if applicable</i>)	12.	<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	13.	<input type="checkbox"/> Preliminary Amendment	14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	16.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	17.	<input type="checkbox"/> Other: _____
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17.	<input type="checkbox"/> Other: _____																				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ <i>Prior application information: Examiner _____ Group / Art Unit: _____</i> For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																					
19. CORRESPONDENCE ADDRESS																					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		25227 or <input type="checkbox"/> Correspondence address below																			
Name: Barry E. Bretschneider																					
Address: 1650 Tysons Boulevard, Suite 300																					
City: McLean		State: VA	Zip Code: 22102																		
Country:		Telephone: (703) 760-7743	Fax: (703) 760-7777																		
Name (Print/Type): Barry E. Bretschneider		Registration No. (Attorney/Agent): 28,055																			
Signature: 		Date: March 31, 2004																			

I hereby certify that this correspondence is being hand delivered to: Commissioner for Patents, 2011 South Clark Place, Room 1B03, Crystal Plaza 2, Arlington, Virginia, 22202, on the date shown below.

Dated: March 31, 2004

Signature: 

(Ayisha M. Roberts)

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	March 31, 2004
First Named Inventor	Tetsuya SAKAI
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	325772035700

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 40.00)	

SUBTOTAL (1) (\$ 770.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

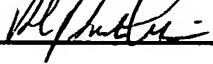
Extra Claims	Fee from below	Fee Paid
Total Claims 15	-20** = 0 x 0.00	= 0.00
Independent Claims 3	-3** = 0 x 0.00	= 0.00
Multiple Dependent		=

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

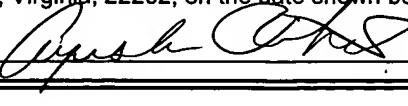
SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Barry E. Bretschneider	Registration No. (Attorney/Agent)	28,055	Telephone (703) 760-7743
Signature		Date	March 31, 2004	

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